



State of Wisconsin • DEPARTMENT OF REVENUE

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WAGE ASSIGNMENT REDUCTION REQUEST

The Department will inform you if your proposed deduction amount is approved or if additional information is needed. If approved as proposed, your employer will be sent the updated deduction amount. If it is determined that larger payments are necessary or additional information is required, someone from the department will contact you. **Be sure to complete both pages.**

YOUR INFORMATION

Name _____
Social Security Number _____
Date of Birth _____
Address _____
City, State, Zip _____
Phone () _____
Name(s) and ages of dependent(s) _____

Place of Employment

Company _____
Address _____
City, State, Zip _____
Phone () _____
Job Title/Position _____
Gross Income _____

Net Income ☐ Weekly ☐ Bi-weekly ☐ Monthly
\$ _____

Other Income

General Assistance \$ _____
AFDC \$ _____
Social Security/SSI \$ _____
Other (specify) \$ _____

SPOUSE INFORMATION

Name _____
Social Security Number _____
Date of Birth _____
Address _____
City, State, Zip _____
Phone () _____
Name(s) and ages of dependent(s) _____

Place of Employment

Company _____
Address _____
City, State, Zip _____
Phone () _____
Job Title/Position _____
Gross Income _____

Net Income ☐ Weekly ☐ Bi-weekly ☐ Monthly
\$ _____

Other Income

General Assistance \$ _____
AFDC \$ _____
Social Security/SSI \$ _____
Other (specify) \$ _____

REQUESTED DEDUCTION AMOUNT (check one)

\$ _____ ☐ Monthly ☐ Semi-monthly ☐ Bi-weekly ☐ Weekly ☐ Other: _____

Additional Information:

1. The Department of Revenue may file delinquent tax warrants. These warrants are liens against your property and, as public records, may affect your credit rating. The filing of these tax warrants will add additional charges to your balance.
2. Your Wisconsin tax refunds will be used to reduce the unpaid tax liability and will not be considered wage assignment payments on your agreement.
3. All returns and taxes must be filed and paid as they become due.
4. The Wisconsin Department of Revenue reserves the right to void any agreement if it is determined that it was made based on false or inaccurate information or if there is a material change in your financial condition.

I/We attest that the information furnished on this form is true and correct to the best of my/our knowledge.

Taxpayer	Date	Spouse	Date

Please indicate both separate and combined assets and expenses.

Financial Institutions

	Balance	Name and address of institution
Checking Account	\$ _____	_____
Savings Account	\$ _____	_____
Other (IRA, CD, Money Market, etc.)	\$ _____	_____

Life Insurance Policies

Company	Beneficiary	Amount	Cash Value	Balance Due on Loan
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Have premiums been paid to date? ☐ Yes ☐ No

Motor Vehicles

Make _____ Model _____ Year _____ Fair Market Value \$ _____ Balance Due \$ _____
 License Plate # _____ Lien Holder _____ Address _____
 Make _____ Model _____ Year _____ Fair Market Value \$ _____ Balance Due \$ _____
 License Plate # _____ Lien Holder _____ Address _____

Other personal property (boat, motorcycle, snowmobile, etc.):

Real Estate (If you rent, list name and address of landlord)

Location _____ Fair Market Value \$ _____ Balance Due \$ _____
 Mortgage Holder _____ Address _____

Expenses

	Monthly Payment	Balance Due	Please note any payments you are behind in and by how much
Mortgage or Rent	\$ _____	\$ _____	_____
Property tax escrow	\$ _____	\$ _____	_____
Auto payments	\$ _____	\$ _____	_____
Gasoline/oil	\$ _____	\$ _____	_____
Utilities: Home Heating	\$ _____	\$ _____	_____
Electrical	\$ _____	\$ _____	_____
Telephone	\$ _____	\$ _____	_____
Water	\$ _____	\$ _____	_____
Cable / internet access	\$ _____	\$ _____	_____
Loans (list) 1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
3. _____	\$ _____	\$ _____	_____
Credit Cards Is card still in use?			
<input type="checkbox"/> VISA <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____	_____
<input type="checkbox"/> MasterCard <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____	_____
<input type="checkbox"/> Discover <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____	_____
<input type="checkbox"/> Other: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____	_____
Food	\$ _____	\$ _____	_____
Entertainment	\$ _____	\$ _____	_____
Insurance (all)	\$ _____	\$ _____	_____
IRS – Delinquent Payment	\$ _____	\$ _____	_____
Other (list) _____	\$ _____	\$ _____	_____
Total Monthly Expenses	\$ _____		
Total Net Monthly Income	\$ _____		
Net Difference	\$ _____		